



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Royal Park Retirement ALF Operations, LLC
Royal Park Retirement Center
302 E Wedgewood Ave
Spokane, WA 99208

RE: Royal Park Retirement Center License # 2671

Dear Administrator:

This letter addresses Compliance Determination(s) 39157 (Completion Date 04/03/2024) and 36824 (Completion Date 02/15/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/03/2024 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-78A-3090-1, WAC 388-78A-3090-1-b, WAC 388-78A-2483-1, WAC 388-78A-2483, WAC 388-78A-2484, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2474-2, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2474, WAC 388-78A-2730, WAC 388-78A-2730-1, WAC 388-78A-2730-1-a, WAC 388-78A-2730-1-b

The Department staff who did the on-site verification:

Veronica Jackson, Assisted Living Facility Licensor
Patty Ford, LTC Surveyor

If you have any questions, please contact me at (509)993-7821.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Jenks".

Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Licensee: Royal Park Retirement ALF Operations, LLC
Royal Park Retirement Center
302 E Wedgewood Ave
Spokane, WA 99208

RE: Royal Park Retirement Center License # 2671

Dear Administrator:

The Department completed a full inspection and a complaint investigation of your Assisted Living Facility on 02/15/2024 and found that your facility does not meet the Assisted Living Facility licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement':
 - Sign and date the enclosed report;
 - For each deficiency, indicate the date you have or will correct each deficiency;
 - Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
 - Mail the Plan/Attestation Statement and report with original signatures to:

Royal Park Retirement ALF Operations, LLC
Royal Park Retirement Center # 2671
02/15/2024
Page 2 of 10

Stephanie Jenks, Field Manager
Residential Care Services
Region 1, Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

In Addition, You May:

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request must include:
 - What specific deficiency or deficiencies you disagree with;
 - Why you disagree with each deficiency; and
 - Whether you want an IDR to occur in-person, by telephone or as a paper review.
 - Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (509)993-7821.

Sincerely,

SJM
Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services

Enclosure



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies License #: 2671 Compliance Determination # 36824
Plan of Correction Royal Park Retirement Center Completion Date
Page 3 of 10 Licensee: Royal Park Retirement ALF Operations, 02/15/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection and complaint investigation on 02/12/2024, 02/13/2024, 02/14/2024 and 02/15/2024 of:

Royal Park Retirement Center
302 E Wedgewood Ave
Spokane, WA 99208

This document references the following complaint numbers: 115954, 115768.

The following sample was selected for review during the unannounced on-site visit: 9 of 87 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Patty Ford, LTC Surveyor
Veronica Jackson, Assisted Living Facility Licensor
Joy Pipgras, LTC Surveyor
Carla Rose, NCI Community Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1, Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

S.M.

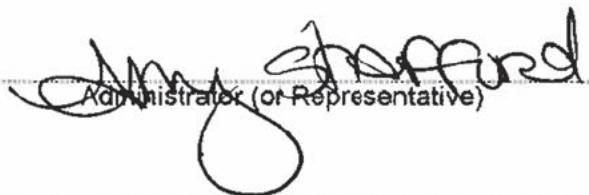
Residential Care Services

02/22/2024

Date

Statement of Deficiencies	License # 2671	Compliance Determination # 36824
Plan of Correction	Royal Park Retirement Center	Completion Date
Page 4 of 10	Licensee: Royal Park Retirement ALF Operations,	02/15/2024

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.



Amy Shaffer
Administrator (or Representative)

2123124
Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure the emergency exit flooring was kept in good repair and did not create a fall risk for 1 of 4 emergency exits (first floor east end). This failure placed residents at risk of injury due to potential falls.

Findings included...

Observation on 02/15/2024 at 9:10 AM, showed an emergency exit on the first floor of the east end. A floor mat covered damaged laminate flooring. The laminate was observed to be bubbled and rippled with edges of the laminate curled up in two areas that measured six feet five inches by three feet five inches and four feet by eight inches.

In an interview on 02/14/2024 at 12:35 PM, Staff H, Maintenance Director, stated that the exit doors to the east end of the building were accessible to residents and would be used in the event of an emergency. Staff H stated the floor at the exit was damaged and in need of repair.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Royal Park Retirement Center is or will be in compliance with this law and / or regulation on (Date) 2126124

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Statement of Deficiencies	License #. 2671	Compliance Determination # 36824
Plan of Correction	Royal Park Retirement Center	Completion Date
Page 5 of 10	Licensee: Royal Park Retirement ALF Operations,	02/15/2024


Amy Sharford
Administrator (or Representative)

2/29/23
Date

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff were tested for tuberculosis for 1 of 6 staff (Staff D). This failure placed residents at risk of exposure to tuberculosis infection.

Findings included...

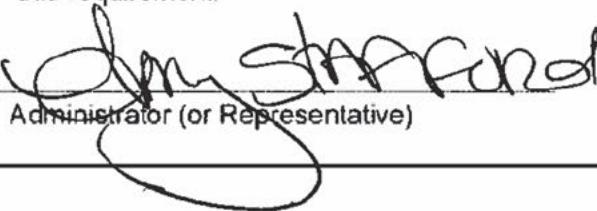
Review of Staff D's employee file showed they were hired as a certified nursing assistant on 11/30/2023. Staff D's employee file showed a negative two-step tuberculosis (TB, a communicable respiratory disease) test prior to employment. Further review showed that upon hire, a one-step TB test was not completed.

In an interview on 02/15/2024 at 1:23 PM, Staff A, Executive Director, stated that they were unable to locate the records to confirm that Staff D had a TB test completed.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Royal Park Retirement Center is or will be in compliance with this law and / or regulation on (Date) 3/29/23.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.


Amy Sharford
Administrator (or Representative)

2/29/23
Date

Statement of Deficiencies	License #:	2671	Compliance Determination #	36824
Plan of Correction	Royal Park Retirement Center		Completion Date	
Page 6 of 10	Licensee: Royal Park Retirement ALF Operations,			02/15/2024

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

- (1) An initial skin test within three days of employment; and
- (2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff received the first step tuberculosis test within three days of employment, and the second step tuberculosis test within one to three weeks after the first test for 2 of 6 sampled staff (Staff B and C). This failure placed residents at risk for exposure to tuberculosis infection.

Findings included...

<Staff B>

Review of the facility's staff list showed that Staff B, Licensed Practical Nurse, was hired on 09/05/2023.

Review of Staff B's undated personnel file showed it did not contain any documentation of two-step tuberculosis (TB, a communicable respiratory disease) testing completed upon hire, or within twelve months prior to employment.

In an interview on 02/15/2024 at 1:25 PM, Staff B stated that they were unable to provide any other documentation of TB tests for Staff B.

<Staff C>

Review of the facility's staff list showed that Staff C, Certified Medication Aide, was hired on 04/11/2023.

Review of Staff C's undated personnel file showed documentation of a one-step TB skin test, placed on 04/11/2023 and read on 04/13/2023 with negative results.

Further review of Staff C's personnel file showed it did not contain any documentation of a second TB test completed one to three weeks after the first test.

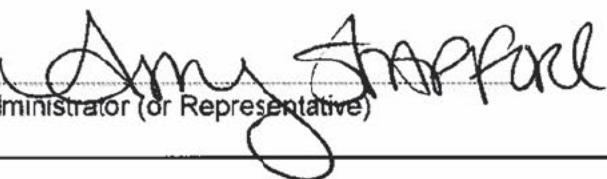
In an interview on 02/15/2024 at 1:25 PM, Staff A, Executive Director, stated that they were unable to provide any other documentation of TB tests that were completed for Staff C.

Statement of Deficiencies	License #: 2671	Compliance Determination # 36824
Plan of Correction	Royal Park Retirement Center	Completion Date
Page 7 of 10	Licensee: Royal Park Retirement ALF Operations,	02/15/2024

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Royal Park Retirement Center is or will be in compliance with this law and / or regulation on (Date) 3/21/24

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.


Administrator (or Representative)

2/26/24
Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

- (c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;
- (d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff completed specialty training for dementia and mental health prior to caring for residents for 1 of 6 sampled staff (Staff B) and failed to ensure staff completed cardiopulmonary resuscitation and first aid for 1 of 6 sampled staff (Staff D). This failure placed residents at risk of receiving care and services from untrained personnel.

Findings included...

<Specialty training>

Per WAC 388-112A-0400, long term care workers are required to complete specialty training within 120 days of hire.

Review of the undated staff list showed that Staff B, Licensed Practical Nurse, was hired on 09/05/2023.

Review of Staff B's undated personnel file showed it did not contain documentation of

Statement of Deficiencies	License #: 2671	Compliance Determination # 36824
Plan of Correction	Royal Park Retirement Center	Completion Date
Page 8 of 10	Licensee: Royal Park Retirement ALF Operations,	02/15/2024

specialty training for mental health or dementia.

In an interview on 02/15/2024 at 1:23 PM, Staff A, Executive Director, and Staff B stated that they were unable to provide the specialty training records.

<CPR/First Aid>

Per WAC 388-112A-0720 (2)(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid cardiopulmonary resuscitation (CPR) and first-aid card or certificate within thirty days of their date of hire.

Review of Staff D's, Certified Nursing Assistant, personnel file showed they were hired on 11/30/2023. Further review of the file showed no documentation of CPR and first aid certification.

Interview on 02/15/2023 at 10:10 AM, Staff A stated that they were unable to provide Staff D's CPR and first aid certification.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Royal Park Retirement Center is or will be in compliance with this law and / or regulation on (Date) 2/26/24

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.


Administrator (or Representative)

2/26/24
Date

WAC 388-78A-2730 Licensee's responsibilities.

- (1) The assisted living facility licensee is responsible for:
 - (a) The operation of the assisted living facility;
 - (b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff had completed

Statement of Deficiencies	License #:	2671	Compliance Determination #	36824
Plan of Correction	Royal Park Retirement Center		Completion Date	
Page 9 of 10	Licensee: Royal Park Retirement ALF Operations,			02/15/2024

respirator fit testing for 2 of 6 staff (Staff C and F) sampled for infection control. This failure placed residents and staff at risk of exposure to infectious communicable diseases should an outbreak occur.

Findings included...

Per WAC 296-842-15005, facilities must conduct fit testing (test completed by specially trained personnel to ensure N95 mask seals effectively to reduce the chance of exposure to respiratory viruses) before employees are assigned duties that may require the use of respirators and at least every twelve months after initial testing.

Review of a Department of Social and Health Services provider letter, dated 09/14/2023, showed that employers in Long Term Care settings are responsible to "follow regulations pertaining to respiratory protection" including respirator fit testing for long term care workers.

Review of Staff C's, Certified Medication Aide, personnel file showed a hire date of 04/11/2023. Further review showed no documentation of respirator fit testing.

Review of Staff F's, Certified Nursing Assistant, personnel file showed a hire date of 08/20/2020. Further review showed fit testing was completed 01/21/2021 and had expired on 01/21/2022.

In an interview on 02/15/2024 at 11:50 AM, Staff G, Licensed Practical Nurse, indicated that Staff C and F required fit testing.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Royal Park Retirement Center is or will be in compliance with this law and / or regulation on (Date) 3/10/24.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Statement of Deficiencies	License # 2671	Compliance Determination # 36824
Plan of Correction	Royal Park Retirement Center	Completion Date
Page 10 of 10	Licensee: Royal Park Retirement ALF Operations,	02/15/2024


Administrator (or Representative)

2/24/23
Date